

How to pick a Medical Home

- ✓ The doctor and nurse believe that you know the most about your child.
- ✓ You are as important as the doctor and nurse when it comes to your child's health.
- ✓ You respect and trust the doctor, and the doctor respects and trusts you.
- ✓ The doctor respects your culture and beliefs. If you want a certain kind of treatment or care, the doctor agrees if he or she can.
- ✓ Your doctor asks you about what your child needs, and works with you and others to meet those needs.
- ✓ Your child gets his or her shots, check-ups and urgent care.
- ✓ Someone at your doctor's office helps you if your child needs a specialist or other services.
- ✓ The doctor makes sure everyone who helps take care of your child has the information they need.
- ✓ The people at your doctor's office help you if your child gets sick or has a special need. They help you learn about the problem and may help you find other resources.
- ✓ The doctor makes sure you know what your choices are when your child needs treatment.

To Find
out more:

ConnectCare

(ARKids First and Medicaid)

1-800-275-1131

www.arbetterbeginnings.com

*(Division of Child Care and
Early Childhood Education / Better Beginnings)*

1-800-445-3316



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~Your~ Medical Home



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What is a medical home?

It may sound like a building, but a medical home isn't an actual place. It's a doctor you or your child go to for check-ups or when you get sick. This doctor is called a "primary care physician," or PCP.

Why should you have a medical home?

It may seem easier to see any doctor you can when you or your child is sick. But having a medical home — one doctor or clinic you call every time — means you are more likely to get the best care possible. If you see the same doctor every time, that doctor will know what sicknesses and health care you have had. You and the doctor will also get to know each other.

When should you go to the doctor?

If something is wrong with your health or your child's health, you should see your doctor. Health problems are easier to treat or manage when



they are new. You should also see your doctor for check-ups. Your doctor should know what problems to check for, and what shots or medicines you need to stay healthy.

What is "well-child care"?

Medicaid and most other insurance programs pay for children to see the doctor even when they're not sick. At these visits, the doctor will make sure your child gets all the shots he or she needs. These shots protect your child from sicknesses like measles, tetanus and chicken pox. The doctor will also check for health problems and

make sure your child is growing and developing as expected. If problems are found early, they are easier to treat or manage.

What should I do for help when my doctor's office is closed?

Most doctors have a number you can call after hours or on weekends or holidays. If you feel like you need to get care for a health problem that is not life-threatening, call your doctor first. Your doctor can tell you if you need care right away, or if you can wait until the clinic opens again.



The Patient-Centered Medical Home in Arkansas is an approach to providing comprehensive primary care for children, youth, and adults. The Patient-Centered Medical Home in Arkansas is a health care setting that facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patient's family.

— American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP)

Does Your Child Need Health Insurance?

ARKids First provides health insurance to more than 70,000 Arkansas children who otherwise might have gone without. ARKids First offers two coverage options. ARKids A offers low-income children a comprehensive package of benefits. ARKids B provides coverage for families with slightly higher incomes.

Eligibility for ARKids First is based on your family income and other factors. Only the income of the parents and the children you want covered is counted. Children must be under age 19 and living in your home. Children must be U.S. citizens or qualified legal aliens. If your children are not U.S. citizens, you must provide documentation of the child's alien status.

More information and an ARKids First application will be provided in the fall packets. Additional forms can be obtained at the front desk or in the Parent Resource area.

Adapted from an article contributed by an early education program in Arkansas

FIRST EXPERIENCES IN PRETEND PLAY

Make-believe play is one of the greatest joys of childhood. It also offers abundant opportunities for children's development. Children learn how to relate to other people as they play. Cooperation and conflict resolution are two skills that pretend play strengthens. As they interact with others in play, children improve their language and practice problem-solving skills.

Around the age of 2, children begin to pretend to cry, sleep, and eat. They soon include a stuffed animal, doll, or favorite toy in their play. They also begin to use objects as symbols—a simple block becomes a fast race car or a stick makes a fine horse. As children approach 3, they begin participating in make-believe play with other kids.

These first pretend play experiences often focus on home experiences—cooking, cleaning, and caring for babies. That's why our pretend play area has props and equipment that represent the home setting. These encourage children to act out roles familiar to them.

Families can encourage pretend play at home by observing the children's interests. Provide props that allow children to imitate adult actions—child-size brooms, purses, shoes, or a toy lawn mower.

When you encourage pretend play at home, you are stimulating your child's intellectual and social development. As children play, the brain forms connections that will be needed for academic tasks. We know that children who have the skills that are developed in pretend play are more likely to be successful in school. At the same time, you will be developing rich memories of your child at play—memories that will last a lifetime.

SAMPLE

Stages of Play

Through his observations of children, psychologist **Jean Piaget** identified three categories of play.

- **Functional Play**

(also called Sensorimotor Play)

Infants and toddlers enjoy **moving** objects and using their **senses** to explore their world. Functional play is commonly seen during the first two years of life, but can be observed during the play of older children and adults. This is sometimes called *practice play* because the child (or adult) repeats the play in order to practice a new skill or to internalize new information. Filling and dumping is a favorite with very young children.



- **Symbolic Play**



Symbolic play begins around age two and continues throughout life. Symbolic play is an important task of preschool children. Through symbolic play, preschoolers learn to represent their experiences, feelings and ideas. They master the use of language and develop social competence.

There are two levels of symbolic play. We observe *constructive play* when children use materials to make something—a play dough snowman, a Lego car, a card table house. In *dramatic play* children take on roles as they play out familiar or fantasy experiences. This pretend play may be alone or with others, and often involves real or invented props.

Three year olds repeat familiar themes, such as mommies and babies or puppies and kittens. Four year old play is both more physical and more social, as children test boundaries and resolve leader/follower struggles. Older five year olds value rules and routine, which means tattling is commonplace.

- **Games With Rules**

School-age children have developed the **mental and social skills** to engage in games that have **agreed upon rules**. These may be well-known games, such as soccer or Monopoly. These games may also be invented (or adapted) by the players, who create (or modify) and agree upon the object of the game and its rules. Examples of invented games are playground jumping contests and card games with unique “house rules”.



From *I'm Not Just Playing—I'm Learning*, Arkansas Children's Week 2008, Diana Courson and Susan Lindblom

QI DIRECT

From the Arkansas Director Mentor Quality Initiative

February 14, 2007

Catching Some Zzz's

[Contributed by Rita Neve, owner/director of Mother's Touch in Booneville. Rita is the editor of *Helps and Hints Family Child Care Newsletter*.]

When we discuss children's health, one area is often overlooked—adequate rest. In our sleep-deprived society it is sad to find that even our little ones are not getting enough rest. Current research shows that over 60% of children ages 0-5 are not getting enough sleep.

As little as thirty minutes delayed bedtime can affect small children according to William Dement, MD, PH.D. Author of *The Promise of Sleep*. Here are some results of inadequate sleep.

- Children become more moody, impulsive and less able to concentrate
- Sleep deprivation makes it difficult to learn
- Irritability and frustration
- Difficulty modulating impulses and emotions
- Symptoms can cause children to be misdiagnosed as ADHD
- Children show higher accident rates following a period of sleep loss, as much as three times more likely to have an accident.

I really think a high percentage of the problems we sometimes encounter as early childhood educators can be blamed on a lack of proper rest. I don't know how many parents have said to me "Well, we put her to bed at 8:00 and then she watches her videos, but she just won't sleep."

Some suggestions for promoting good sleep for children include:

- Children should sleep in a darkened, cool, quiet room
- In the hours before bedtime, they should not have drinks containing either sugar or caffeine. Milk or water are preferable.
- A nightly routine should be established to form good sleep habits
- Video games, television, and videos should be avoided for at least one hour before bedtime. Videos, etc. stimulate the brain and prevent the mind from relaxing for sleep.

Several years ago I developed a unit of study called "Catching ZZZ's". When we used it two years ago we had 50% of our children go from averaging less than 8 hours of sleep per night to averaging 10 hours. Parents saw a definite improvement in behavior at home and so did we!

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Fast Facts About Physical Activity and Learning

- Brain research shows that young children need a substantial amount of physical activity in order to meet their developmental needs.
- Scientists now believe that for young children to achieve their maximum potential, their activities and environments need to be stimulating to their brains.
- Physical movement plays a vital role in the creation of nerve cell networks essential to learning. Cross-lateral movement, specifically, activates both hemispheres and all four lobes of the brain, heightening cognitive functioning and increasing ease of learning.
- Regular physical activity reduces feelings of depression and anxiety, and may, through its effect on mental health, increase children's capacity for learning.
- Children use movement to express feelings, manipulate objects, and learn about their world.
- Children acquire knowledge experientially, using different modalities (visual, auditory, tactile, kinesthetic). Many children who do poorly in school are predominantly tactile or kinesthetic learners who are not allowed to move to learn.
- Movement can help children to adjust socially and emotionally because it can provide them with successful experiences and permit interrelationships with other children.
- Young children are watching television an average of 24 hours a week. By the time a child graduates from high school, estimates are that he/she will have spent 15,000 hours in front of a television and only 12,000 hours in the classroom.
- A success-oriented movement program has fewer behavior problems because children who experience success are less likely to want to disrupt the class.



From *B.A.M.: Body and Mind*, Arkansas Children's Week 2004, by Steve Sanders and Diana Courson